

Implementing Coaching and Support in Graduation Programmes: a case study of the *Terintambwe* programme in Burundi

REPORT

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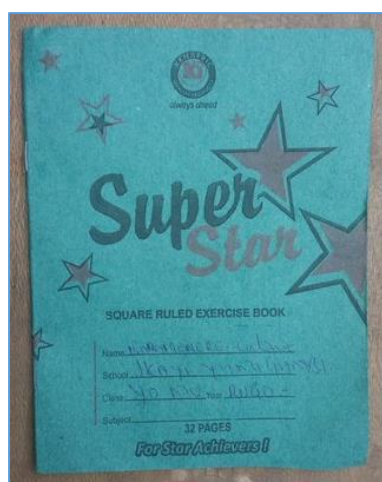


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1. Introduction

Graduation model programmes represent a relatively new but well-established type of anti-poverty programming. First designed and implemented in Bangladesh, they are now operational in more than 40 countries across the globe (Arévalo, Kaffenberger, and de Montesquiou 2018). A comprehensive and carefully sequenced package of material transfers, access to financial services and training and coaching has proven successful in reducing poverty, increasing consumption and asset holdings and improving food security, with many benefits being maintained at least in the first year after programme end (Banerjee et al. 2015).

The component of coaching and support is sometimes dubbed the ‘X-factor’ within graduation programming in reference to its unique contribution in affecting positive change over and above material support. Previous research on the Concern Worldwide *Terintambwe* programme in Burundi has found that the combination of economic support, training and coaching mutually reinforce their respective impacts and that this leads to greater overall change (Roelen and Devereux 2018). These findings fit wider literature on behaviour change strategies, including behaviour change communication (BCC), which aim to promote positive behaviours and curtail potentially damaging ones (Mayne et al. 2018), and add to an emerging evidence base that consider the combined impact of material support and BCC (Ahmed et al. 2016).

Nevertheless, the intricacies of implementing coaching and support services within graduation programmes are relatively poorly understood, with little research zooming in on the role of frontline workers that deliver such services. Questions about dosage (e.g. frequency and duration of interactions with frontline workers) and delivery modalities (e.g. face-to-face versus digital engagement, standardised versus tailored support) are commonplace in discussions about advancing graduation programming, not least because of the high cost associated with implementation of this component.

This research aims to contribute to the general knowledge base and to provide practical insights regarding implementation of graduation programmes, seeking to offer input into the development of a feasible, affordable and effective model for coaching and support within such programmes. It does so on the basis of an in-depth study of implementation of coaching and support services within Concern Worldwide’s *Terintambwe* Graduation Model programme in Burundi. This programme offers a particularly pertinent case study as the research takes place against the backdrop of a change in the coaching and support model. While such services within the first rounds of the programme were provided by Concern Worldwide case managers, it is now provided by government community workers (Community Development Agents – CDAs). CDAs have strong local presence as they are recruited from the communes that they work in but they receive lower pay and may have lower qualifications than Concern Worldwide case managers.

The remainder of this report is structured as follows: Firstly, we provide more detail about the *Terintambwe* programme. Secondly, we explain the methodologies for data collection and analysis underpinning this study. We then move on to assess implementation and effectiveness of coaching and support, firstly discussing the role and performance of CDAs and secondly considering the effect of engagement with CDAs on programme participants. We conclude with an overall summary and discussion of policy implications.

2. Terintambwe programme

This research focuses on Concern Worldwide's Graduation Model programme in Burundi, locally referred to as the *Terintambwe* (meaning 'Take a Step Forward') programme. The programme was launched in April 2013 in two provinces in Burundi, namely Cibitoke (in the north-west) and Kirundo (in the north-east). A total of 2,000 participants (1,000 in each province) were part of the first cohort of the programme, which was implemented over a period of roughly two years from early 2013 until May 2015.

Programme participants benefited from an extensive package of sequenced support. Key programme components included (based on Devereux et al. 2015):

- (i) **income support**, consisting of 14 monthly cash transfers of approximately 15 USD during the first year of programme implementation;
- (ii) **asset transfer**, comprising of three lump-sum payments based on funds required for investments in selected income-generating activities;
- (iii) **access to savings facilities**, encompassing training in financial literacy and support to join or establish a Savings and Internal Lendings Community (SILC); and
- (iv) **skills training and coaching**, including group-based training about livelihoods activities as well as nutrition and hygiene and individual coaching through home visits by dedicated case managers.

Findings from the impact evaluation held at the end of the programme in April 2015 pointed towards positive impacts on income, asset ownership, living conditions and saving and borrowing through SILCs as well as improved food security and diets, hygiene and sanitation practices and participation in social activities (see Devereux et al. 2015).

Terintambwe was subsequently rolled out to second cohorts in Kirundo and Cibitoke provinces in 2017, and to a new cohort in Bubanza province in 2018. Programme design and implementation stayed mostly the same, except for one substantial change in the role of case managers. Instead of Concern Worldwide directly employing dedicated case managers, implementation of coaching and home visits is now undertaken by Community Development Agents (CDAs). CDAs are employed by government and are part of the commune structure. They have strong local presence as they are recruited from the communes that they work in, but they receive lower pay and may have lower qualifications than Concern Worldwide case managers.

At the time of fieldwork, CDAs are contracted and receive payment for four days per week, or 16 days per month at a salary of 120,000 BiF. The rationale for this allocation of days is that it allows CDAs to undertake their own (income-generating) activities during one day of the week. They are paid through the Ecocash system directly by Concern (using the same system for payments as used in *Terintambwe*). CDAs are responsible for an average of 40 *Terintambwe* participants and are required to visit each participant's household at least once per month. CDAs may also visit certain households more than once if their situation calls for additional support. CDAs support *Terintambwe* participants with several topics (such as agriculture, nutrition, business plan), for each of which they have documentation to underpin their messaging. They are not currently operating with a formal manual that includes all topics or areas in which they offer support (as opposed to the programme in Rwanda).

3. Data and methodology

This research is based on primary qualitative data that was collected in Bubanza and Cibitoke provinces in north-western Burundi in November 2018, including views and experiences from programme participants and programme staff. This section provides information about sampling and methods for data collection and the process of data analysis.

3.1. Data collection

Qualitative data was collected in two communes in both Bubanza and Cibitoke provinces in November 2018. These two provinces were selected for fieldwork as the *Terintambwe* programme was in different phases of implementation at the time of data collection. In Bubanza province, the programme had only recently been started; participants started receiving their monthly cash transfers in July 2018 and were close to or had just received their fourth cash transfer at the time of data collection. In Cibitoke, the programme was nearing the end of the cycle with participants having received their last monthly cash transfer in July and their lump-sum asset transfer in October¹. Programme participants in both provinces were still receiving support from Community Development Agents (CDAs) at the time of data collection.

Selection of communes was linked to CDAs and chosen to incorporate research respondents that are supported by a CDA that is perceived as being very competent, and a CDA that is considered to have lower qualifications and lower performance respectively. Information about CDAs' perceived competencies was provided by Concern Worldwide. This resulted in a sampling frame with two communes within each province; one commune that is served by a highly competent CDA and a commune that is served by a CDA with relatively lower levels of competency.

In each commune, fieldwork included interviews with the respective CDA, observation of CDA activities, focus group discussions with male and female programme participants, interviews with case study households that included a male or female programme participant respectively. These activities were complemented by interviews with programme supervisors and coordinators at regional level. In addition, fieldworkers observed programme participants' programme 'cahiers' or record books in which CDAs or participants log the support that they receive and the programme activities that they undertake.

A full overview of the sample is provided in Table 1.

Table 1 Overview of sample of new qualitative data, November 2018

	Key informant interviews	Focus group discussions	CDA observations	Case studies
<i>Cibitoke (Mabayi commune)</i>				
	2 (regional coordinator + supervisor)			
Area #1: Buhoro colline CDA #1 (highly qualified and strong performance)	1	2 (male + female)	2	2 (male + female)
Area #2: Rumvya colline CDA #2 (lower qualifications and performance)	1	2 (male + female)	2	2 (male + female)

¹ This refers to 900 participants who were identified as 'slow movers'; the 100 participants who were identified as 'fast movers' received their asset transfer in January 2018.

Bubanze (Bubanza commune)				
	2 (regional coordinator + supervisor)			
Area #1: Buhororo 1 colline CDA #1 (highly qualified and strong performance)	1	2 (male + female)	2	2 (male + female)
Area #2: Shari 1 colline CDA #2 (lower qualifications and performance)	1	2 (male + female)	2	2 (male + female)

Fieldwork guides were developed for each activity. They consisted of four general modules, namely (i) introductions, to gain insight into the respondent and their networks, (ii) coaching and support, (iii) intra-household dynamics, and (iv) empowerment. The order of these modules differs across fieldwork guides. These guides were tested in one site in both provinces to trial and improve fieldwork guides. All fieldwork was led and undertaken by a two-person team from Biraturaba. In this study, we zoom in on discussions in relation to coaching and support².

Data collection was undertaken in accordance with ethical principles. Informed consent was obtained from all respondents before any fieldwork activity; this was done by explaining the exercise and its purpose and asking for oral agreement.

3.2. Data analysis

Data analysis was based on an iterative process of thematic and case study analysis.

For thematic analysis, a coding scheme was developed based on the main themes of interest for this study with top nodes denoting broad topics (e.g. empowerment, relations and programme dynamics) and sub-nodes allowing for more detailed investigation (e.g. relationship with spouse; relationship with child). NVivo was used for the coding of all transcripts and analysis of trends and patterns across respondent groups. Analysis was based on an iterative process of reading along node and sub-nodes and reading transcripts in their entirety.

Case study analysis was two-fold, focusing on case study interviews with female and male *Terintambwe* participants and on observations and interviews with CDAs. The former gives insight into participants' interactions with CDAs and provides a sense of their experiences; reading the transcript as a whole (as opposed to exclusively analysing coded quotes) is crucial for gaining an overall sense of the nature of interactions and how they were experienced. Similarly, holding transcripts of CDA interviews in correspondence with observations of their interactions with *Terintambwe* participants will allow for insights into overall performance and ways of working of CDAs. It also important for understanding potential differences between relatively high-performing and less well-performing CDAs.

In facilitating the analysis of coaching and support and the role of CDAs along the lines of competency of CDAs, we denote those identified with high competency with (H) and those with lower competency with (L).

² Questions in relation to social cohesion, intra-household dynamics and empowerment are analysed in a separate report.

4. Implementation of coaching and support

In this section we discuss how the component of coaching and support is implemented, focusing on the profile and recruitment of CDAs, their roles and responsibilities, levels of confidence and motivation and differences with the previous case manager model of service delivery.

4.1. CDA profile, recruitment and training

Basic qualifications for CDAs include a high school diploma or equivalent. Ideally, they also hold experience in agriculture, nursing or other relevant areas to assist their work in coaching and support. In order to ensure strong community linkages and presence, CDAs are ideally recruited from or close to the colline that they will work in. However, grades obtained in school are weighed heavily, with higher grades given priority over community linkages. In remote collines, where grades tend to be lower, CDAs may be recruited from elsewhere: *“Therefore, people who go to work in those remote places are not necessarily those who live there, except the CDA of Karinzi who were born there. Normally CDAs should work in their native colline or at least they should be living there”* [B-Br-KII-S]. In our sample of four CDAs, only one CDA (in Buhororo, Bubanza) appears to be from the community in which they are working; in the other communities, *Terintambwe* participants did not know their CDAs before being introduced at the start of the programme.

Recruitment of CDAs was undertaken in collaboration with the local government at commune level. Concern prepared a job description, which was agreed with commune representatives and subsequently advertised at commune and colline levels. Interested candidates submitted their applications to Concern and their profiles were assessed by Concern and commune representatives. Applicants who met the basic requirements were invited to do a written test and interview. Final recruitment was based on a combined score of the test and interview and in consideration of achieving gender balance [based on C-Ru-KII-CS and C-KII-RS].

CDAs received **training** before starting and in the early phases of their job. This focused on key areas in which they are to provide training and advice, including hygiene, nutrition and SILCs. Trainings were provided by regional staff and supervisors from Concern Worldwide. Such trainings also allowed for time to discuss how to undertake home visits and provide coaching support to *Terintambwe* participants:

“It wasn’t an actual training on that specific topic [of how to provide home visits and coaching]. However, during other trainings, some orientations are given by concern staff on how to do training and coaching. It is during other trainings that a certain time is allocated to that discussion. For example during the last training, one afternoon was reserved for that purpose” [B-Br-KII-CDA(H)].

As part of that training, CDAs are told about the importance of trust and being humble towards the participants: *“We had been taught during trainings to be humble and to keep secret our discussions in order to be trusted and listened by beneficiaries”* [B-Sh-KII-CDA(L)]. Nevertheless, senior programme staff voiced some concerns regarding the quality of support that CDAs can provide on the basis of that training and suggested that more ongoing training is needed. Although formally CDAs are not expected to be experts in areas of health, for example, reference was made to the need to have adequate knowledge and skills:

“There is a need for more trainings on coaching. The retraining on coaching is needed in order to perform well their job. They also need to stay up to date in the field of health as it is continually evolving. They should be equipped like health workers” [B-KII-RC].

Findings point towards a general impression that the trainings are too short. Various respondents from Cibitoke province compared the provision of training in preparation of the most recent cohorts of *Terintambwe* to provision of training for the first cohorts. The overarching sense was that trainings were more detailed and of higher quality during the preparation for the first cohort; more time was allocated to trainings and (at that time) case managers were also trained together. The length of trainings for the new cohorts was shorter and generally marked as inadequate. It should be noted that concerns regarding training were shared by CDAs across low and high levels of competency.

"The training and coaching should be done as previously. For example, the training on DDG wasn't well provided. It was easy for me because I had been trained during the previous cohort, but it was difficult for new CDAs." [C-Bu-KII-CDA(L)]

"Before we were training all case managers together and some trainings could last for one week for instance SILC and we were sure that they [case managers] understood it. Now, maybe because of lack of means, we are rushing in providing trainings for instance one day and a half for a SILC training. The theory is not given enough time for example why beneficiaries should save and the steps of saving." [C-KII-CS]

Location and associated compensation was also noted as problematic in relation to training. As explained by one supervisor in Bubanza:

"most of trainings are held here in Bubanza while we should alternate and do some in Gihanga as well. It is not well perceived as those from Gihanga who come here are given allowances that CDAs from Bubanza do not get. I hope that with different recommendations, their work conditions will be improved" [B-KII-CS].

One supervisor mentioned issues in relation to set-up of activities that hampered the roll-out of training to all CDAs, causing some CDAs not to have received training on all topics. In relation to some topics, no training appears to be provided to CDAs but they are asked to work on the basis of their own knowledge: *"Also, we ask CDAs to provide trainings on HIV/AIDS but they have not been trained in that field. They use their common understanding"* [C-KII-CS].

CDAs indicated that they would appreciate certificates for each training that they completed as this would help to build their CV and profile for future career purposes: *"It would be great to be awarded a certificate for each topic as we still young and the certificates will be useful in the future"* [B-Br-KII-CDA(H)]. The need for such certificates was also voiced by one regional coordinator.

Senior staff reported some **staff turnover** among CDAs, particularly in Bubanza province. This is remarkable as programme implementation had only started 6-7 months prior to the time of data collection. Turnover was linked to relatively low wages and CDAs finding jobs elsewhere. One supervisor expressed his concern about the level of wages in relation to CDAs' living conditions, suggesting that current levels of remuneration are not adequate for a job that requires work in remote areas and poor living conditions:

"There is one [CDA] who left a few days ago, and a second CDA who resigned in [...] colline. I don't know the reasons of resignation, may be the low wage. They have been recruited elsewhere. The CDA who left has been replaced by the first person on the waiting list. Personally I find the place very far and it is not motivating for CDAs who do not have enough means of living. It would be good to check if the lack of means of living is not the main cause of resignation in that area." [B-KII-CS]

4.2. CDA roles and responsibilities

CDAs are the frontline staff who deliver the *Terintambwe* programme, thereby serving as the face and main contact of the programme for participants. CDAs' main tasks consist of delivery of training and follow-up with individual programme participants through home visits. During such home visits, they check whether participants have followed advice, such as installing new pit latrines or keeping their house clean, and offer tailored advice on the development of business plans, issues within the household or community or other concerns. CDAs also provide support during SILC meetings and at farmer field schools.

Trainings are provided to groups of participants and take place roughly every two weeks. They are based on a standard curriculum, and CDAs received training on the topics prior to delivering the training themselves (although there were limitations with training for CDAs as discussed previously). For some topics, CDAs use visual materials in their training:

"I taught them the seventeen business rules, hygiene (the use of the hand washing system, dishes shelf, why to have a latrine), SILC (advantages of saving and being a SILC group member) and, farmer field school methodologies (they gave us tools and we cultivated; we learned modern farming practices, we have been given crops to grow and we have harvested). I give beneficiaries many trainings based on images and most of them are related to IGAs." [C-Ru-KII-CDA(L)]

It should be noted that CDAs are not the only providers of training; supervisors and experts will also provide training, especially on issues that require more in-depth knowledge.

According to *Terintambwe* participants and staff, duration of training sessions differs considerably. They may take between 1 or 1.5 hours when they are delivered as stand-alone sessions. When they are combined with SILC meetings, groups may meet to up to 4 hours.

While the messages that are delivered within trainings are mostly standardised, CDAs are also encouraged to provide more **tailored advice** and to develop innovative solutions:

"Technical messages are standard but CDAs are encouraged to innovate and find new ideas as they know how the programme is. For example in Bubanza, they have initiated a system of helping each other to build houses and we have more than hundred houses built." [B-KII-RC]

Various *Terintambwe* participants offered accounts of how CDAs deliver trainings and home visits, highlighting the emphasis on revisiting messages and adding on to them:

"We meet at the Buhororo centre. When we reach the venue, we greet each other and we pray. After the prayer, the CDA tells us the purpose of the meeting and she starts the training. For instance, he can say that the meeting is held for a reminder on previous topics covered. He asks each participant to say what they remember from previous lessons. After that, he tells us what to do next. When we finish, we pray again and we go back home." [C-Bu-CS-M]

"She greets, I greet her back and I give her a seat. After that she asks me to bring the household book and she asks questions on the IGA, if I am making profit or not and I respond. After that she writes in the book. She can also ask questions regarding my relationship with my husband, if it has improved. She can ask questions regarding children, if they go to school and the number of meals that they take. I tell her what we eat and she encourages me to continue eating healthy food." [C-Ru-CS-F]

CDAs explained how they use a combination of standard messaging and responses to individual participants' situations and progress during **home visits**. They may visit a participant with a certain plan in mind but may change their activities or messaging accordingly if they notice that certain actions were not undertaken or other issues are more pressing.

"Sometimes I have the same messages to all participants for instance when we are trained and I must provide the training to the participants. However, I can visit a household and find that the participant has not implemented previous messages. Therefore, I start with the previous messages and I continue with the message of the day. During one visit, for example, I couldn't ask how they have used cash transfers while I noticed that the hand washing system is not working well. Even if my intention was to check the use of cash transfers, I had first to fix the problem with the hand washing system." [B-Sh-KII-CDA(L)]

"I can go in a household thinking that I will provide a coaching on hygiene but when I reach the place, I find that they have the components related to hygiene well prepared. Hence, you change the topic. I prepare the topic to cover and when the beneficiary has a particular question or difficulties related to another topic, I give him clarifications. Also, it can happen to provide a training tailored to a certain household." [C-Bu-KII-CDA(H)]

Participants' indications of the duration of home visits varied considerably, ranging from three minutes to an hour for each visit. The median ranges between 20 to 30 minutes. Short visits were attributed to CDAs needing to visit many households: *"3 or 4 min as she rushes to visit others"* [C-Ru-FGD-F].

Observations of home visits confirm large differences in the length of visits as well as their content and mode of engagement. Visits in Bubanza were all very brief, with longest visit lasting 15 minutes. They focused on discussing how participants had used their cash transfers and monitoring whether participants had built a latrine, garbage pit and shelf to dry their dishes. Visits were formal with CDAs taking little time to engage with participants. Visits in Cibitoke were notably longer, ranging between 20 and 40 minutes in length. CDAs took more time to discuss issues with participants and asked more questions. Participants also appeared more engaged and asked follow-up questions. These differences in home visits across provinces could partly be explained by the fact that the programme was in different stages at the time of fieldwork. In Bubanza, participants were still receiving their cash transfers and had not yet made plans for IGAs. In Cibitoke, participants no longer received cash transfers and were establishing their IGAs. It should be noted that the duration or content of home visits did not differ across CDAs with high and low competency.

As noted in Section 2, CDAs are expected to have a **caseload** of roughly 40 *Terintambwe* participants and to be undertaken a home visit to each participant at least once per month. Analysis of conversations with CDAs and supervisors confirms that this is in line with practice on the ground. As listed in Table 2, the number of households that CDAs are responsible for ranges between 45 and 51. Supervisors point towards a wider range of households that CDAs are responsible for, with the maximum number being 65:

"[The caseload] depends on [the size of the] collines. We have 13 collines here in Bubanza and 7 in Gihanga. Therefore, it depends on the size of the colline and the number of beneficiaries in that colline. The CDA who has the bigger caseload is in charge of 65 beneficiaries on Karinzi colline. The others have between 40 and 42 households. I general, it varies between 40 and 65." [B-KII-S]

Table 2 Overview of caseload as reported by CDAs

CDA – location	Caseload
Cibitoke – Buhoro (H)	45 households
Cibitoke – Rumvya (L)	46 households
Bubanza – Buhororo (H)	51 households
Bubanza – Shari (L)	45 households

In terms of the composition of caseload, the majority of participants tends to be female and represent abandoned or widowed women: *“Most of the households are female-headed as they are mainly made of widowed or women abandoned by their husbands”* [B-Br-KII-CDA(H)].

All CDAs indicated that they find it difficult to manage this caseload, and to visit each household once per month as stipulated. CDAs indicated that often they will not manage to visit all households each month, and that they have to catch up on visits in the next month. They pointed to various obstacles that prevented them from managing their caseload as stipulated.

Firstly, schedule changes and participants not always being at home cause backlog of visits:

“We are supposed to visit each household at least once a month. However, it is not always possible to make it as there must be schedule changes when you visit the household and you don’t find the beneficiary. You keep on postponing and towards the end of the month you find that there are many households on the pending list.” [B-Br-KII-CDA(H)]

Distance between households constitutes another obstacle. This challenge was corroborated by supervisors. Analysis across competency also suggests that this challenge is universal across all CDAs.

“The issue faced in managing those households is the problem of distance. In the beginning we thought that a CDA could visit 6 households per day, but households are dispersed, and they do 3 or 4 visits per day.” [C-Ru-KII-CS]

CDAs also expressed the need for special equipment and clothes during rainy periods when it is even harder to reach participants: *“Regarding the work equipment, we don’t have appropriate shoes and waterproof jacket to wear when it rains”* [C-Bu-KII-CDA(H)].

The fact that CDAs work only 4 days per week also makes it difficult for them to manage their caseloads: *“If I was working five days per week, I will be able to manage my caseload”* [C-Bu-KII-CDA(H)].

Terintambwe participants indicated that they see their case managers roughly 3-4 times per month. This includes one training, one home visit or weekly SILC meetings. On some occasions, trainings may also be combined with SILC meetings.

“Once a month when he comes for household visit, and once a month for training. He can also come during SILC meetings when he has specific information to share. We do SILC meetings every Sunday.” [B-Br-CS-F]

CDAs may also see participants when they have problems or for self-organised group work, such as making bricks (in Buhororo, Bubanza). Various participants indicated that they would appreciate more frequent home visits: *“It would be good if the CDA could visit us once a week because when you interact that’s when you learn a lot. I think that there are things that the CDA knows but he hasn’t yet shared it with us”* [C-Bu-CS-M].

All *Terintambwe* participants are to have a **household book**, or 'cahier'. This book serves as a record of all support that is received through the programme and plans to use cash transfers for certain purposes, start income-generating activities or change behaviour in relation to hygiene and sanitation (such as building a latrine or handwashing system). CDAs use the book to check progress against these plans. One Concern supervisor explained the use of the book as follows:

"Furthermore, they have to ensure that all beneficiaries have a household development plan. It means that there are books that CDAs have to regularly check, so that they can verify the use of cash transfers and monitor other plans that the household has as they were living and planning before the programme. These are the main responsibilities of CDAs, in order to ensure the household's improvement in all aspect especially hygiene and development." [B-KII-CS]

Ideally *Terintambwe* participants themselves keep record of their plans and activities, and make personal use of the book. However, when asked about who writes in the books, both participants and staff indicate that CDAs only write in the book. This is attributed to high levels of illiteracy.

"In general, it is the CDA who writes in the book as most participants don't know how to read and write. We write the household development plan (this refers to the IGA) but we can add other commitment made by the beneficiary." [C-Bu-KII-CDA(H)]

"[...] he writes in the household book what I have achieved and what I am planning to do. [...] It is the CDA who writes in the book." [C-Bu-CS-F]

One supervisor indicated that CDAs may not always enter information in the household books after each visit. This is mostly problematic for reporting purposes as CDAs use the books for filling monitoring forms regarding household progress.

"They mention their visits in the household book but I am not sure if they fill it regularly. I did a field visit in august and I verified the household books. I noticed that there are books which are not filled as they can sometimes forget to do so. During meetings, I told beneficiaries to remind the CDAs to look at the household book after visits. In the reporting requirements, there is a form for household visits that they fill after each visit and it mentions the living conditions of the household, people who got sick or other problems encountered in the household, the general situation of the household which include the changes observed in comparison to the previous visit, the household's achievements, the training provided and the duration of the visit." [C-KII-CS]

4.3. CDA confidence and motivation

CDAs perform their tasks with varying degrees of **confidence**. For example, one CDA indicated to find it easier to train on hygiene as these messages were more familiar before starting the job as CDA, but to find it difficult to convey messages in relation to SILCs. They related this to lack of training for CDAs and community members on the specific topic of SILCs:

"SILC is difficult because even if secretaries have been trained, they always need me to help them to fill the SILC book. The beneficiaries' training took 4 hours where they have been sensitized on the approach and they have appointed the management committee as long as SILC rules. They started to save the next day. The time allocated to SILC training was too short, only 3 days while in Cibitoke [during the first cohort] the training took one week." [B-Sh-KII-CDA(L)].

More generally, all CDAs indicated that they felt more confident to provide trainings on topics on which they received strong training themselves: *"I am more confident in delivering messages related*

to hygiene, SILC, and the creation of IGAs because I have been trained well in those topics” [C-Bu-KII-CDA(H)].

Others noted that they prefer to do home visits and offer tailored support rather than deliver or follow up on standard training as tailored one-to-one support gives them more freedom to plan and think of solutions: *“I feel more confident when I do coaching because I am the one who schedule the households to visit and I enjoy it because I talk to each beneficiary and we find solutions to individual problems” [B-Sh-KII-CDA(L)].*

As noted in the previous section, length and quality of training is a significant concern among CDAs and undermines CDAs’ confidence in performing in their jobs. One CDA explained that a group of CDAs had started their own SILC in order to help each other and become fully proficient in their full functioning as they felt that they did not receive enough information and skills through the training that was provided by Concern.

“For SILC, I will say that we trained ourselves between CDAs. When I compare with the previous training [at the time of the first cohort], it took five days and we did a test after the training and those who failed did the test again. However, for the current programme the training took 2 days in Cibitoke and those who have been trained in the previous cohort helped in providing the training. It was a kind of sensitization. Given the importance of SILC as a tool used to ensure the sustainability of the programme, we have decided among CDAs to start our own SILC group in order to master different processes and to be efficient when we help beneficiaries. Until now I cannot say that all CDAs know how to fill the SILC book or how to prepare that book.” [C-Bu-KII-CDA(H)]

CDAs reported varying levels of **motivation**. CDAs who were not previously employed by Concern and were not aware of the previous case manager model appeared happy with their job and expressed high levels of motivation. One CDA voiced his enthusiasm in relation to new knowledge about hygiene and how this helps to improve their own practices:

“I like my job because I gain knowledge. For instance, during a training on hygiene, the lecturer told us that we eat faeces and I personally disagreed with him. He explained that fliers coming from a toilet can touch our food and we eat faeces. I couldn’t believe it. I learn a lot of things that help me in my household or other people around me.” [B-Sh-KII-CDA(L)]

By contrast, one CDA who had previously worked as case manager during implementation of the first cohort of *Terintambwe* reported lack of motivation. This was related to working conditions having worsened since a shift from the case manager to CDA model.

“There is no motivation, it just the humanitarian spirit that motivates me. I was working in the previous programme and we were paid while we had less duties in comparison to what we do now but we are given a stipend now. I was in charge of 35 households but now I have 45. Concern should increase the salary of CDAs and pay us through our bank account. We receive the stipend via Ecocash which prevent us from having access to credit.” [C-Bu-KII-CDA(H)]

4.4. CDA or case manager?

We compare the current CDA model with the previous case manager model that was in place during implementation of the first cohort of the *Terintambwe* programme (in Cibitoke province only). As discussed in Section 2, the shift from a model working with case managers to working with CDAs was deemed to offer greater embeddedness in local communities and stronger linkages to local government as well as to present a more cost-effective model for delivery of coaching support.

Staff who had been involved in *Terintambwe* for longer periods of time were asked to compare the new modality of working with CDAs to the previous mechanisms of working with case managers. Responses offered a nuanced picture; case managers were better trained, better paid and had a stronger alliance to Concern and their work but CDAs are equally qualified and have closer linkages to the communities that they are serving (as they are generally recruited from those collines while this was not the case for case managers).

Nevertheless, conversations with CDAs and *Terintambwe* participants suggest that the **current employment arrangement** with CDAs being employed through local government structures but paid and trained by Concern causes confusion and does not have the desired effect of embedding CDAs within local structures. When asked who employs CDAs, *Terintambwe* participants almost unanimously indicated this to be Concern. In other words, this confusion holds for both participants in areas where previous cohorts were implemented by case managers (in Cibitoke) and in areas where only CDAs have been involved (in Bubanza). Programme staff in both Bubanza and Cibitoke also reported confusion and misgivings regarding the arrangement of their employment, sometimes in reference to the previous system that worked with case managers. CDAs voiced their confusion and implications for their motivation as follows:

“The CDAs don’t know where they belong. We are not Concern staff and the commune doesn’t recognize us. We are never invited to events organized by the commune. The relation between Concern and us is only that we submit the report there. When we have issues, Concern directs us to the commune. For example, we have requested the certificate of service rendered and Concern replied that we all know that we work for the commune. They don’t consider us as workers.” [C-Bu-KII-CDA(H)]

“Regarding motivation, I do not feel comfortable with the contract as we know that we work for Concern but we have signed the contract with the commune. We don’t know where we belong exactly, for instance when we have problems, we don’t know if we should address the issue to Concern or to the commune. Another problem is that we are paid through Ecocash and we don’t have other staff privileges like a health insurance or pension funds. Currently, we have signed a fixed term contract of one year and nine months.” [B-Sh-KII-CDA(L)]

Concerns about unclarity regarding CDAs’ employment status were also voiced by one supervisor:

“It was easy to work with case managers as there was a hierarchy to follow. Technically we supervise CDAs but in fact we don’t. There is a misunderstanding regarding who the CDAs work for. Even now they still wonder if they work for Concern or someone else. They say that we give them work but they don’t know where they belong. When they want to take a leave, they ask the supervisor but it’s not him who sign, hence the confusion.” [C-KII-CS]

Concern senior staff undertake monitoring visits and check on the quality of work performed by CDAs. However, as CDAs are not employed by Concern, senior staff hold little leverage in order to address any issues that may arise, as explained by the regional coordinator:

“Regarding their interactions, CDAs do weekly planning of household visits or other meetings and they give it to supervisors who give it to me for compilation. We therefore plan field visits depending on our availability, and we do unannounced field visits whether to check if the CDA is there or to visit households reported as visited by him to enquire how he does his work.” [B-KII-RC]

5. Effectiveness of coaching and support

In this section we explore the role of coaching and support in affecting positive change, zooming in on the role of CDAs in making this change happen. We assess the role of this component at large, whether and how knowledge gets translated into behaviour change and the importance of individualised responses.

5.1. Importance of coaching and support

Programme staff stressed the importance of training, coaching and support and the role of CDAs in the delivery of *Terintambwe*. Responses unequivocally attested to the importance of this component in affecting positive change, with some respondents suggesting that messaging is the most important element of the graduation approach.

“The most important thing is not to provide cash transfers as money can be received and used anyhow but the coaching and other information received remains. Therefore, even if the work of CDAs cannot be evaluated in terms of money, their support is more important than cash transfers and other components.” [B-KII-CS]

Programme staff pointed out that training and coaching services are crucial for guiding participants’ decisions about how to use their resources wisely in pursuit of the goal of graduation. In addition, training and home visits were deemed to create ownership on behalf of participants. As such, the provision of material support in conjunction with training and coaching was considered to be an important combination.

“All programme components are complementary. However, the role of training and coaching has the most important role in the success of the programme. Indeed, I believe that if we give money to these beneficiaries without training and coaching, we have more than 90% chance that this money will not be used in the direction of graduation.” [B-Br-KII-CDA(L)]

“Without them [CDAs], the programme will not have impacts. The programme’s effects depend on the involvement of beneficiaries, and it is the CDA who creates a sense of ownership of the programme among beneficiaries through trainings and household visits.” [C-KII-CS]

However, one of the regional coordinators ranked cash transfers and assets transfers as most important as participants’ economic conditions required economic improvements before being able to operationalise messages and advice: *“Financial support come in the first position as participants lack means. [...] However, in order to graduate the CDAs support is vital.”* [C-KII-RC]

Participants themselves also highlighted the importance of coaching and support provided by CDAs. Participants underlined the importance of learning about nutrition, hygiene and safe and clean environments. This includes the establishment of home gardens, the use of hand washing systems and reasons for building the shelf for dishes. Advice on how to manage cash transfers, invest wisely and establish IGAs was also frequently mentioned.

“The CDA always advises us to initiate other activities and buy livestock. We could get that money and waste it. I now own a hen and I have rented a plot where I cultivate cassava.” [B-Br-CS-M]

“I have learned to plan and initiate activities. For example, I have a field that I am cultivating, and it will help us to have food.” [B-Br-CS-F]

Participants learned skills such as saving through SILCs and how to carry out IGAs. SILCs in particular were not easy to grasp – as also noted by CDAs – and *Terintambwe* participants indicated that they asked for additional support from CDAs to explain their exact functioning: *“Also during SILC, we didn’t understand how to calculate interests when we reimburse credits and he explained it.”* [C-Bu-CS-M]

In addition, participants solicit CDAs’ advice in initiating group activities together with other community members that could help to boost IGAs. One female respondent, for example, explained how they set up a group for buying and holding goats and that they received helpful advice from CDAs to establish this activity:

“we have decided to make groups and contribute with money received through monthly transfers in order to help each other buying goats. Therefore, we have asked the CDA how to include others in groups and how to breed the goats. He gave us orientations and suggested to use goat manure as fertilizer.” [B-Br-FGD-F]

A few *Terintambwe* participants also offered accounts of how CDAs intervened in household and community conflicts. Mediation by CDAs was particularly mentioned and appreciated by female participants, expressing gratitude for their careful interventions.

“There is something that I will never forget about the CDA. I quarrelled with my husband to the point of wanting to divorce. He listened to us and gave us advices. Since then we have been working together whereas before I was working alone in order to provide for the household.” [C-Bu-FGD-F]

Participants indicated to enjoy the sessions with their CDAs as they appreciate receiving useful advice and learning from each other. As such, meetings are widely considered to take place in a good atmosphere without being stressful or boring: *“I enjoy the meetings as they are not boring. They are good as it is a reminder of what we know and we also learn new things. There are no tough or tiring topics”* [B-Br-CS-F]

5.2. From knowledge to behaviour change

Greater knowledge does not necessarily translate into different practices, particularly in terms of nutrition, sanitation and health. However, female and male participants indicated that they changed their behaviour following CDAs’ advice. This pertains to income-generating activities, saving and lending, sanitation and hygiene as well as to avoiding misuse of funds, such as on alcohol. Several participants stressed that the knowledge that they obtained will stay with them forever, even after the programme, and that they tell others about how to change practices for the better. Various responses also pointed to having changed their behaviour in response to conflict or disputes, emphasising that – following the advice of CDAs – they stay calm.

“I have reduced alcohol due to training and coaching as she told me that money received should be used to implement projects. I hadn’t any livestock but now I have 2 goats and a pig.” [B-Sh-FGD-M]

“Now I can teach other persons how to clean the house, how to use the hand washing system, how to build the dishes shelf and how to use it. I have been touched by the topic, even when the CDA will leave, I will not forget it.” [B-Sh-FGD-F]

“In the community, because of training and coaching received, we behave well as we don’t get involved in disputes on the road.” [C-Bu-FGD-F]

Seeing positive change as a result of putting knowledge into practice may contribute to sustained behaviour change. In relation to SILCs, for example, many participants indicated that they did not know of them or their functioning before but that they had experienced benefits after a few months of participation: *“I always participate [in meetings] as we receive a lot of advice. For instance, we learned SILC and I had never heard about it. I started it and I find it useful. I save and I have easy access on credit”* [C-Bu-CS-M].

Not all messages are adopted in equal measure however. CDAs reported that training and advice regarding practices that don’t require economic resources are more easily put into practice. Lack of financial means was a reason for other advice not to be followed, such as building latrines. Another barrier pertains to many participants not owning the house that they live in or land that they occupy; any significant changes to these structures – such as digging a garbage pit – is considered of long-term benefit to the landlord rather than to themselves. In other cases there may simply not be enough space on people’s plots.

“...when we [CDAs] sensitize them to build latrines or garbage pits, it is not easy as most of them live in rented parcels and they can’t do it as they will feel that they are doing it for the landlord. Same with home gardens, there is not enough space to build it for someone who lives in a one room house.” [B-Br-KII-CDA(H)]

Moreover, saving can be difficult for *Terintambwe* participants due to lack of means.

“The saving is also difficult, most of the time they do it when they receive cash transfers. I think that saving is difficult because beneficiaries are really vulnerable and when they receive cash transfers, nothing remains after buying a goat for example.” [B-Sh-KII-CDA(L)]

Home visit observations revealed how the inability to act upon advice due to circumstances out of participants’ control can lead to frustration and disengagement. In one case, a female participant seemed exasperated at repeating her explanations to the CDA as to why she had not dug a garbage pit or repaired the handwashing system. As she does not have space on her own plot for digging a pit, she asked her neighbour whether she could use some of their space but that they requested her to pay rent for the pit. She also tried to fix the handwashing system but the wood that she uses keeps getting stolen. The CDA suggested that she pays the rent and that she uses wood that is not helpful for making fires (so it wouldn’t be stolen) but notes from the observation suggest that the participant did find those suggestions very helpful [based on observation of [B-Sh-KII-CDA(L)]].

5.3. Social and relational aspects of coaching and support

We asked *Terintambwe* participants and programme staff about what makes someone a good CDA. Key characteristics that were mentioned across the board included being humble, honest, patient, hard-working, kind, smart and open-minded.

Participants also noted that CDAs should take their time to talk with participants and to respond to questions, and to do so in an equal manner without favouring certain participants over others. Female and male participants in Cibitoke said: *“It is someone who takes time to discuss with beneficiaries just like the way the doctor talks to patients”* [C-Ru-CS-F] and *“He listens to everybody without distinction, and he discusses with others”* [C-Ru-CS-M].

The importance of offering constructive (as opposed to negative or less helpful advice) was also pointed out, with CDAs needing to be wise and being able to provide valuable lessons on a wide range of topics and in response to needs as expressed by participants themselves. One female participant

highlighted how the provision of support should be accompanied by empathy: *“A good CDA is someone who teaches others. Someone who comfort others during hard times.”* [B-Sh-CS-F]

Especially male *Terintambwe* participants also highlighted that CDAs should not be corrupt and should not ask for bribes in exchange for training or provision of support: *“a good CDA is someone who supervises well beneficiaries without asking for a bribe”* [B-Br-FGD-M].

These qualities are mirrored in responses by CDAs themselves. They highlight the need for appropriate behaviour and attitudes, clearly conveying the importance for building respectful relations with programme participants and for modelling appropriate behaviour:

“A good CDA is someone who helps beneficiaries to make a step forward. It is someone who has good relationship with beneficiaries and is honest. He gives all the trainings received to beneficiaries and visit them often. Moreover, a good CDA is not involved in adultery, he is not corrupted and does not steal and he is not involved in politics.” [C-Ru-KII-CDA(L)]

“A good CDA is someone who listens to the beneficiaries’ ideas or questions and helps them to find solutions. It is someone who visits often beneficiaries, who discusses with them and motivates them. A good CDA is not corrupted.” [B-Sh-KII-CDA(L)]

When asked how participants perceive of their CDAs, many voiced positive opinions and referred to characteristics that belonged to good CDAs. Participants referred to CDAs as parents, chiefs and teachers, highlighting CDAs’ roles in providing new knowledge, giving advice and support and being available in case of need.

“As someone that I respect. The good things that we learn comes from him. He is a teacher as he teaches many things that we didn’t know.” [B-Br-CS-F]

“W3: she is a parent as she is always by my side giving me advice on how to behave well in the community; W1: she is a parent as she remains by my side and she advises me when I have household issues and she comforts me; W2: she is a chief because she represents us. She is invited in meetings and she gives us a feedback.” [C-Ru-FGD-F]

Accounts of how CDAs conduct meetings and home visits gives insight into how they build and maintain relationships. *Terintambwe* participants noted how CDAs start their meetings or home visits with informal questions, aiming to build rapport: *“I welcome her, give her a seat and we talk about everyday life. After that we discuss about the programme [...]”* [C-Ru-FGD-F]. CDAs ask questions about family members and their wellbeing: *“We chat before asking about the programme. The CDA asks how the children are, when someone is sick, you tell him”* [C-Bu-FGD-F]. Participants reported feeling comfortable to ask questions: *“I have asked questions many times. He can give us lessons on trade using images and we ask what we don’t understand”* [C-Bu-FGD-F]. However, as noted in section 4.2, these experiences are not universal with observations of home visits and responses in Bubanza pointing to shorter and more rushed interactions.

CDAs indicated that it takes a time and effort to gain participants’ trust. Participants need to experience that CDAs are not corrupt but are reliable, following up on their promises and offering the support that participants need. After various months of such positive experiences, CDAs will gain trust:

“In order to trust me, I chatted with them and visited with them often. I showed them that I am their friend. When they receive the money and you help them to plan without bribing them, it strengthens the relationship. For instance, beneficiaries could give me their money so that I can keep it and accompany them the next day to purchase banana. Moreover, I was helping them in

their IGAs in order to be reimbursed quickly for things sold on credit. In comparison to the beginning of the programme, our relationship has improved. In the beginning I didn't know some the beneficiaries but now I know them all." [C-Ru-KII-CDA(L)]

"Three months are enough in order to be trusted. For example, now beneficiaries can tell me when they got issues with their spouses after receiving cash transfers. Some prefer to report to me some issues faced in the household instead of reporting to the head of their area." [B-Sh-KII-CDA(L)]

Terintambwe participants confirmed that positive experiences with CDAs contributed to them trusting CDAs. Living up to promises, adhering to appointments and not engaging in bribery were considered key:

"Yes I do [trust him] because whatever he says happens as stated. For instance I was expecting you last week but he called before to inform me that the visit was cancelled." [C-Bu-CS-F]

"W2: he has done a lot for us. Some people when they help you, they always ask for something, a bribe. But the CDA has never asked for a bribe." [C-Bu-FGD-F]

"I trust her because she kept secret what I told her." [C-Ru-CS-F]

"M1: I trust her because she says the truth. M6: When the programme stopped, she told us to remain calm as they were trying to find solutions. They fixed the problem and she came back." [B-Sh-FGD-M]

One CDA pointed out that the fact that they live close to the community that they are serving has helped to establish positive relationships quickly, even against the backdrop of negative experiences previously:

"They already knew me as I live here (in the same colline) but it has been difficult in the beginning because there is a case manager in the past who tried to bribe participants and take money from their SILC group, hence when I started here they thought that it was going to be the same. In order to gain their trust, I emphasized the message regarding the use of a mailbox in case of abuse. Now I notice that it has changed as they talk about everything that they want to share with me." [C-Bu-KII-CDA(H)]

Senior programme staff noted that levels of trust may differ, depending on how CDAs work with participants. A harsh and impatient attitude was especially noted as undermining relationships with programme participants.

"A CDA who works well becomes like a family member of the beneficiary. They consider him as a friend and they call him often for chat. However, there are CDAs who are not appreciated because they are tough and instead of talking slowly to beneficiaries they raise their voice when they talk to them or they accept drinks from beneficiaries." [B-KII-RC]

One CDA indicated that degrees of trust also differ depending on the participants that they are working with, and that it may take more time to establish a positive relationship with some participants"

"From the beginning of the programme until December (2017), I had built trust with some, from January (2018) and the next months I gained the trust of others and now remains the difficult beneficiaries to manage. If I could have more time with them, it will also change." [C-Ru-KII-CDA(L)]

5.4. Working with different *Terintambwe* participants

We consider differences in working with different groups of participants, notably men and women or male and female-headed households. As noted earlier, CDAs aim to tailor their support to programme participants as much as possible, responding to participants' individual situations and progress made. One CDA explained:

"I monitor the use of cash transfers and those who are not performing well I show them how they can make a step forward quickly. Those who have been able to develop quickly, I help them to maintain their growth so that they don't decline." [C-Ru-KII-CDA(L)]

Intra-household tensions and conflict emerged as an issue that may hamper progress. One situation that gives rise to such tensions is when the husband of a female *Terintambwe* participant does not agree with her decisions about spending of cash or income.

"There are some couples who have issues in their relationships and most of the time the wife has to comply with the husband's decision even when she knows that it is not good for the household. This is observed in households where the woman is the main beneficiary and the husband obliges her to give him transfers." [B-Br-KII-CDA(H)]

Generally, CDAs noted that it was easier to work with female participants in female-headed households. Women were regarded as keen participants and able to act upon training and advice without interference of their husbands.

"Female-headed are my favourite to work with because they are independent. No one interferes in their actions. Women who have husbands start arguing when they receive cash transfers and I spend time trying to reconcile them." [C-KII-Ru-CDA(L)]

Challenging behaviour was noted for male participants, notably stubbornness and unwillingness to change their attitudes.

"[...] men are stubborn. It is difficult to persuade them to change their views. Hence, they don't follow advices given to them. Moreover, men drink a lot." [C-KII-Ru-CDA(L)]

Findings suggest that such gender dynamics work both ways, with female CDAs in particular finding it easier to work with female participants (even if they are not in female-headed households) compared to male participants. One female CDA reported mostly negative experiences with male participants and indicated that they did not take her seriously:

"Female beneficiaries, even those who have husbands are easier to work with. It because women are respectful, but men despise me because of my short stature." [C-KII-Ru-CDA(L)]

Literate participants were also considered to make better use of the opportunities that *Terintambwe* affords them.

"Literate beneficiaries have an added value because for instance when you teach them business rules, they can write them and memorize them quickly. In my caseload I have 2 persons who know well those rules and both of them know how to read and write." [C-Bu-KII-CDA(H)]

6. Conclusion and programme implications

Coaching and support are crucial components within the *Terintambwe* programme. CDAs play an indispensable role as frontline workers in delivering training, home visits and tailored support services. Participation in SILCs, establishment of income-generating activities and improved sanitation, nutrition and health practices all hinge on transfer of knowledge and skills during group sessions, individual face-to-face meetings and on-demand advice to be provided alongside material support including cash transfers, asset transfers and other materials. Continued constructive messaging that is delivered in a clear, honest and reliable manner contributes to greater knowledge and behaviour change among participants.

CDAs perform their roles and responsibilities to the best of their abilities. They display attitudes and behaviours that characterise a good CDA (as expressed by participants, senior staff and CDAs), including being knowledgeable, reliable and honest. They meet the participants that they are responsible for at least a few times per month, seeking to follow-up on their individual progress and to offer tailored advice in response to barriers to progress. *Terintambwe* participants appreciate the support that they receive and speak highly of CDAs, referring to them as teachers and parents. Relationships are marked by respect and trust, with CDAs respecting agreements or appointments made, keeping confidential information to themselves and not taking bribes or stealing from participants being important aspects of such trust.

The use of the household book seems to work relatively well as a system for monitoring participants' progress but one could question whether it is fit for purpose. While holding a written record of programme support and activities could afford participants with a sense of ownership and information about the programme, none of the participants reported to attach much importance to the household book. High levels of illiteracy call the objective into question, particularly when balanced against the amount of time that CDAs spend on filling household books and copying information from such books for reporting purposes. A form of digital monitoring that avoids such duplication of efforts but allows for copies of records being held by participants may prove more efficient.

Notwithstanding CDAs' performance in delivery of training and support, we did find shortfalls in implementation. CDAs often struggle to manage their caseload and to visit all participants at least once per month. In some cases, home visits are very brief and are limited to strict monitoring rather than providing tailored advice. CDAs also did not feel confident in delivering all aspects of the programme.

A range of challenges hamper effective and strong delivery of coaching and support services. Lack of sufficient training or follow-up training, difficulties in reaching participants in remote areas, relatively low payment and being paid through Ecocash (which does not allow for credit) were mentioned by CDAs as challenges in performing their jobs, and served to undermine their motivation for the job. The most challenging aspect, however, appears to be the employment arrangement whereby CDAs are employed by local government but effectively implementing an NGO-run programme. This arrangement and unclear lines of accountability causes confusion and frustration on all sides with CDAs being unable to raise any issues directly with Concern, Concern supervisors no longer holding any leverage over CDAs and programme participants not having correct information about who CDAs work for.

In order to gain insight into differential levels of implementation or effectiveness in relation to CDAs' capacities, this study was undertaken in two areas that were served by CDAs that had notably higher competency levels, and two CDAs with lower competency levels. Comparative analysis does not point

towards substantial differences in CDAs' performance, or in how participants perceived of the coaching and support services that they received. Positive aspects such as respectful relationships with participants, provision of tailored support and learning from training and advice were reported for CDAs with high and low competency levels. Equally, challenges such as need for more training, variable levels of confidence in delivering certain messages, struggles to manage the caseload and difficulties in working with some participants were reported across CDAs.

We do observe small differences between CDAs in Cibitoke and Bubanza provinces. We found more examples of mediation to resolve intra-household tensions and tailored support with group activities having been reported in Cibitoke. This could be due to this cohort already being in a later stage of implementation and participants therefore having had more exposure to CDAs, or to a longer history of the programme at large in Cibitoke with some programme staff feeling more confident in offering more tailored and alternative support. We also found some gendered effects with one female CDA finding it more difficult to build rapport with and to be taken seriously by male programme participants. It should be noted that these observations are based on a small sample and that we cannot draw definite conclusions on this basis.

Finally, we considered the current model of implementing coaching and support through CDAs with the previous model that worked with case managers. Programme staff with knowledge about the previous case manager model spoke more favourably about that model. Direct employment of case managers (at higher salaries) by Concern ensured clear lines of accountability and greater levels of motivation on behalf of case managers. Employment arrangements underpinning the current CDA model proved confusing and problematic for all staff involved, regardless of their knowledge of the previous case manager model. The potential benefits that could derive from CDAs being hired from and employed by the communities that they serve did not come up strongly in this research, in part because only one CDA worked in his own community.

The available evidence in this study does not allow for concluding which model is preferable. It does clearly evidence that there are trade-offs between intensity of support and cost of implementation that need to be considered in conjunction with each other. Answering the question as to which model – CDA or case manager – is preferable requires weighing up the benefits of providing more tailored and intensive support against resource requirements and financial constraints. Ultimately, it boils down to a balancing act between providing comprehensive, tailored and – in all likelihood – more effective support to a small and narrowly targeted group, or offering complementary and less intense services to a wider population.

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